

**ARS ADMINISTRATIVE DIRECTOR  
APPLICATION FORM**

Name: \_\_\_\_\_ E-mail: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number(s) Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Please provide the names and contact information of two possible recommenders:

Recommender 1:

Name: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

Recommender 2:

Name: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

Please submit this form, a resumé, and a statement of qualifications and interest. These materials should be submitted as soon as possible by e-mail to: [director@americanrecorder.org](mailto:director@americanrecorder.org)

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